

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible entries will be disregarded. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1200

09094

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett
 City or town Deep Creek Mt. Lake Park, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30-days.

Hospital, Institution, or street address where death occurred:

Kiser Nursing Home

How long in hospital or institution?

3. (a) FULL NAME

Edward Thompson Blackburn4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) May 10, 18598. AGE: Years 88 Months 5 Days 10 If less than one day hrs. 00 min.9. Birthplace Hampshire Co. W. Va.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name James David Blackburn13. Birthplace W. Va.14. Maiden name Susan SpencerW. Va.16. Informant Mrs. Beulah StickleyAddress 23 Bailey St. Keyser, W. Va.17. Burial Burial Date thereof 10-23-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory High Family CemeteryLocation Junction, W. Va.18. Funeral director N. H. RogersAddress Keyser, W. Va.19. 10-33-47 (Date rec'd by registrar) Julia A. Power Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County HampshireCity or town Junction (If outside city or town limits, write RURAL and give nearest town)Street No. (If rural, give LOCATION)2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20, 1947 at 11 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 2nd 1947 to October 20th 1947and that I last saw him I m alive on October 20 1947Immediate cause of death heart failure DURATION 1 hourChronic Colitis and Enteritis
Due to Weakness and General Debility by History

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date ofWhere did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE Edward Thompson Blackburn M. D. or otherAddress Oakl and, Maryland Date signed 10-33-47

RECEIVED

NOV 4 1947

BUREAU

W W C

PLEASE WRITE PLAINLY, USE UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09695

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
County... Garrett

City or town... Oakland, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Mrs. Margaret Catherine Hamill.

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

Female White Widow

6. (b) Name of husband or wife Moses R. Hamill.

Deceased

7. Birth date of deceased (mo., day, yr.) August 28th, 1858.

8. AGE: Years Months Days If less than one day
89 1 13 hrs. min.

9. Birthplace Garrett County.
(Town, county, and state)

10. Usual occupation. House wife

11. Industry or business

FATHER 12. Name Phillip Doffort.

MOTHER 13. Birthplace Pennsylvania.

14. Maiden name Rachel Miller.

15. Birthplace Garrett County.

16. Informant Mrs. May Loraditch.

Address Oakland, Maryland.

17. Burial Date thereof Oct. 11/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Oakland Cemetery.

Location Oakland, Maryland.

18. Funeral director Edward D. Boldeau

Address Oakbluff, Md.

19. (Date rec'd by registrar) 10/11/47 (Date of death) 1947 (Date signed) Julia A. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Oakland, Maryland.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9th 1947 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10 1946 to July 15 1947 and that I last saw her alive on July 15 1947.

Immediate cause of death

Coronary occlusion.

Due to arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

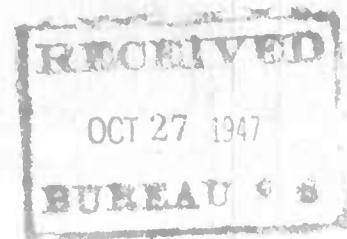
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Oakland Rd Date signed 11 Oct 47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09096

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH:

County

City or town

Garrett

Miner

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 mo.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Gatha May Helmick

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white married

6. (b) Name of husband or wife Emuel Helmick

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Parsons - Arkansas - W. Va

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Own Home

MOTHER FATHER

12. Name

Jacob E. Griffith

13. Birthplace

W. Va

14. Maiden name

Hannah Phillips

15. Birthplace

W. Va

16. Informant

Carl Helmick

Address

Inglewood, Md.

17. Burial

Cemetery or crematory

Date thereof

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Shiloh Cemetery

Location

Westernport, Md.

18. Funeral director

Elkay Mortuaries

Address

Westernport, Md.

19. (Date rec'd by registrar)

19

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Marlboro County JuriettCity or town Miner (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH Oct. 15

1947 at 10:35 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 47 to Oct. 11 1947and that I last saw him Decatur Annual

Immediate cause of death

Coronary Thrombosis

Due to

Arrhythmia Fibrillation

Due to

Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Ralph Clandella, M.D.

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09097

87c

CERTIFICATE OF DEATH

Reg. Distr. No. 167

1. PLACE OF DEATH:

County: Garrett

City or town: Red House Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Several Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Vida Ellen Jones.

4. Sex: Female | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married.

6. (b) Name of husband or wife: Alvah K. Jones.

7. Birth date of deceased (mo., day, yr.): August 10th, 1880. | 6. (c) If alive, give age: years

8. AGE: Years: 67 | Months: 2 | Days: 8 | If less than one day: hrs. min.

9. Birthplace: Scalp Level, Somerset County. | (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: David T. Lehman.

12. Name: David T. Lehman. | 13. Birthplace: Scalp Level, Somerset County.

14. Maiden name: Katherine Seese. | 15. Birthplace: Scalp Level, Somerset, County.

16. Informant: Rev. Alvah K. Jones. | 17. Burial: Oakland and Rd 2

Address: Red House, Maryland.

18. Funeral director: Emory D. Bolander | 19. Date rec'd by registrar: 10/19/47

Address: Oaklnd, Md.

19. (Date rec'd by registrar): 19 47

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland | County: Garrett

City or town: Red House, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

Street No.: | (If rural, give LOCATION)

2.(a) If veteran, name war:

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH: October 17th, 1947, at 12:45 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 18 1945 to Oct 14 1947

and that I last saw her alive on 14 Oct 1947

Immediate cause of death:

Hypostatic pneumonia.

Due to: Parkinson's disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Autopsy results: PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. S. Name: *R. S. Name* M. D. or other: *R. S. Name*
Address: Oakland, Md. Date signed: 18 Oct 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09508
1318

CERTIFICATE OF DEATH

Reg. Dist. No. 17

1. PLACE OF DEATH

Garrett

County

Rural- Vindex

City or town

(If outside city or town limits, write RURAL and give nearest town)

36 yrs.

How long in above place of death?

Hospital, institution, or street address where death occurred:

1 Mile West

How long in hospital or institution?

3. (a) FULL NAME

Rachael Annie Knox

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Charles Hezekiah Knox

7. Birth date of deceased (mo., day, yr.)

June 14, 1872

77

B. (c) If alive, give age.....years

8. AGE:

Years

Months

Days

If less than one day

75

4

15

hrs.

min.

9. Birthplace

Garrett Co., Md.

(Town, county, and state)

10. Usual occupation

Housework

Own Home

11. Industry or business

Thomas J. Broadwater

Garrett Co., Md.

MOTHER FATHER

Betty Miller

14. Maiden name

Garrett Co., Md.

15. Birthplace

Chas. H. Knox,

16. Informant

Vindex, Md.

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....Nov. 2 1947

(month) (day) (year)

Cemetery or crematory

I.O.O.F. Cemetery

Location

Elk Garden, W.Va.

18. Funeral director

Otha F. Sharpless

Address

Blaine, W.Va.

19. (Date rec'd by registrar)

19. 47

All Barred

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Garrett

State

City or town

Rural- Vindex

Street No.

1 Mile West

(If outside city or town limits, write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

October 29 47 7:30P

2D. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Janu 32 October 29th 47

er 19 to 19 October 29th 47

and that I last saw h.....alive on 19 19 47

Immediate cause of death
Dilated heartDURATION
1 day

Valvular Heart Lesion

Due to
Chronic Nephritis

15 year

5 year

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?.....(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. B. and S. S. Sharpless M. D. or other

Address Oakland, Maryland Date signed 11-1-47

RECEIVED

NOV 14 1947

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09098

CERTIFICATE OF DEATH

166

Reg. Dist. No.

1. PLACE OF DEATH:

County: Garrett

City or town: Bloomington, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Leona Pearl Mayle

4. Sex: Female Color or race: White 6. (a) Single, married, widowed, or divorced: Single

8. (b) Name of husband or wife:

7. Birth date of deceased (mo., day, yr.): July 1st, 1930 6. (c) If alive, give age: years

8. AGE: Years: 17 Months: 3 Days: 30 If less than one day: hrs: . min: .

9. Birthplace: Shaw, W. Va. (Town, county, and state)

10. Usual occupation: Student

11. Industry or business

12. Name: Carl Divine Mayle.

13. Birthplace: Deer Park, Md.

14. Maiden name: Jennie F. Paugh.

15. Birthplace: Vindex, Md.

16. Informant: Carl D. Mayle.

Address: Deer Park, Md.

17. Burial: Date thereof: Nov. 2d/47 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Deer Park Cemetery.

Location: Deer Park, Md.

18. Funeral director: Emory D. Boldeau

Address: Oakland, Md.

19. Date rec'd by registrar: 11/2/47 Date of death: 7/1/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Deer Park, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2. (a) If veteran, name war:

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH:

October 30, 1947, 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Hammer after death to 19

and that I last saw him alive on 19

Immediate cause of death:

Accidental drowning

DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of 10/30/47

Where did injury occur? Bloomington (City or town) Garrett (County) Md. (State)

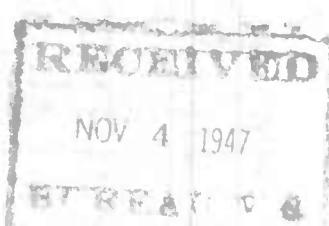
Injured at home, farm, industry, public place (where?) on bridge

Means of injury: Jumped off bridge Injured at work? No

23. SIGNATURE:

E. D. Daingerfield M.D. M. D. or other

Address: Oakland, Md. Date signed: 10/31/47



PLEASE WRITE PLAINLY, WITH UNPADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69509

CERTIFICATE OF DEATH

Reg. Dist. No.

172

1. PLACE OF DEATH:

Garrett
County
KitzmillerCity or town
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 yrs.

Hospital, institution, or street address where death occurred:
Main Street

How long in hospital or institution?

3. (a) FULL NAME

Victor Grant Pew

4. Sex
Male 5. Color or race
White 6. (a) Single, married, widowed, or divorced
Married6. (b) Name of husband or wife
Cora Pearl (Browning) Pew7. Birth date of
deceased (mo., day, yr.) December 10, 18748. AGE: Years
72 Months
10 Days
15 If less than one day
..... hrs. min.9. Birthplace
Kitzmiller, Garrett Co., Md.
(Town, county, and state)10. Usual occupation
retired-

11. Industry or business

W. Scott Pew
Penns13. Birthplace
Susan Kitzmiller

Kitzmiller, Md.

14. Maiden name
Mrs. Cora Pew

Kitzmiller, Md.

15. Birthplace
BurialOct. 28, 1947
(Burial, cremation, or removal. Which?)Date thereof
(month) (day) (year)Cemetery or crematory
Hamill CemeteryLocation
Kitzmiller, Md.16. Informant
Mrs. Cora PewAddress
Kitzmiller, Md.

17. Burial

Oct. 28, 1947
(Date of death)

Date of

Where did injury occur
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury
Injured at work?18. Funeral director
Otha F. SharplessAddress
Blaine, W. Va.19. Oct. 27, 1947
(Date rec'd by registrar)Signature
Anne Barrick

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland
County
GarrettCity or town
(If outside city or town limits, write RURAL and give nearest town)Main Street
Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
213-01-6611

MEDICAL CERTIFICATION

20. DATE OF DEATH
October 25
1947
at 2P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1947 to Oct. 25, 1947
and that I last saw h. alive on Oct. 25, 1947

Immediate cause of death

Coronary Thrombosis

Due to
Coronary Heart Disease
1947

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide
Date ofWhere did injury occur
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury
Injured at work?23. SIGNATURE
Ralph Calandella M.D.

M. D. or other

Address
Oct. 27, 1947
Kitzmiller, Md.Signature
Anne Barrick

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NOV 14 1947

BUREAU

9-45-1
VS A15
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

09099

166

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County: Garrett

City or town: Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death: 61 years

Hospital, institution, or street address where death occurred: -----

How long in hospital or institution: -----

3. (a) FULL NAME

Warren Rathbun

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife: Florence Rathbun

7. Birth date of deceased (mo., day, yr.)

January 22, 1875

6. (c) If alive, give age: 68 years

8. AGE: Years

72

Months

8

Days

20

If less than one day

hrs.

min.

9. Birthplace: Wheeling, W. Va.

(Town, county, and state)

10. Usual occupation: Woodworking Mechanic

11. Industry or business: Planeing mill

12. Name: Clarence M. Rathbun

13. Birthplace: Jamestown, N. Y.

14. Maiden name: Mary Virgin

15. Birthplace: Littleton, W. Va.

16. Informant: F. E. Rathbun

Address: Oakland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof: Oct. 15, 1947

(month) (day) (year)

Oakland Cemetery

Cemetery or crematory

Location: Oakland, Maryland.

18. Funeral director: Herbert P. Leighton

Address: Oakland, Maryland.

19. 18-15-47

(Date rec'd by registrar)

19

Julia Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Garrett

City or town: Mt. Lake Park

(If outside city or town limits, write RURAL and give nearest town)

Street No. -----

(If rural, give LOCATION)

2. (a) If veteran, name war: -----

3. (b) Social Security Number

219-01-5909

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 12, 1947, at 11:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12 oct 1947 to 12 oct 1947

and that I last saw him alive on 6 months ago - 19

Immediate cause of death:

Cerebral Occlusion

Due to:

Diabetic Meltitus

Due to:

Arteriosclerosis

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE:

M. D. or other

Address:

Date signed: 14 oct 47

Oakland Md

RECEIVED

OCT 27 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09100

83a

162

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County..... Garrett

City or town..... Rural Near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5-Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Anna Maria Resh

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

Widowed

6. (b) Name of husband or wife.....

Levi Resh

7. Birth date of deceased (mo., day, yr.)

September 19-1870

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

77

I

-

hrs.

min.

9. Birthplace.....

Rural Near Bittinger Md
(Town, county, and state)

10. Usual occupation.....

House Work

11. Industry or business

12. Name..... James P. Wiley

13. Birthplace..... Rural Near Bittinger Md

14. Maiden name..... Barbra Meyers

15. Birthplace..... Not Known

16. Informant..... Mrs Minty Schaefer

Address..... Grantsville Md

17. Burial.....

Date thereof..... 10-22-1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory..... Bittinger

Location..... Bittinger-Garrett Co-Md

18. Funeral director..... Alm. Winters

Address..... Grantsville Md

19. Oct 20 1947 Edith B. Winters
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md

County..... Garrett

City or town..... Rural Near Grantsville

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 19

19 47 at 8 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1947 to Oct 19 1947
and that I last saw her alive on Oct 19 1947

Immediate cause of death.....

Cerebral hemorrhage 3 weeks

Due to.....

Due to..... Hypertension 10 yrs

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

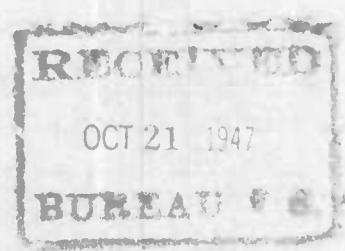
Injured at work?

23. SIGNATURE.....

H. R. Davis M.D.
Date signed Oct 1947

M. D. or other

Address..... Grantsville Md



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09101
16

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Garrett
City or town Hoyes Run, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Infant John Michael Sines

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	

8. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.) September 29th, 1947

8. AGE: Years	Months	Days	If less than one day
0	0	4	hrs. min.

9. Birthplace Hoyes Run Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Agnes A. Sines.15. Birthplace Freeport, W. Va.16. Informant George Sines.Address Oakland, Md. Route #1.17. Burial Date thereof Oct. 3/1947
(Burial, cremation, or removal. Which?)
(month) (day) (year)Cemetery or crematory Hoyes Run Cemetery.Location Hoyes Run, Md.18. Funeral director Emory D. Bolden.Address Oakland, Md.19. (Date rec'd by registrar) 10/3/47 (Date of) 18 47 (Date signed) 10-3-47
Julia A. Brown
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett
City or town Hoyes Run, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October, 2nd 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

September 29th 1947 to September 29th 1947and that I last saw h. alive on September 29th 1947Immediate cause of death Gradually grew weakfrom about 3 o'clock P.M.until dead according to history

DURATION _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE Edward E. Thompson M. D. or other _____Address Oakland, Md. Date signed 10-3-47

RECEIVED

OCT 8 1947

BUREAU ♦